

# CITY OF EAST RIDGE

## COMMERCIAL PLANS REVIEW

### STANDARD OPERATING PROCEDURE



# **PLANS REVIEW**

## **STANDARD OPERATING PROCEDURES (S.O.P.)**

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The purpose of this document is to inform all concerned of the process involved in plans review for development projects within the City of East Ridge other than one and two family residential.

### **Pre-Submittal Meeting**

In an effort to improve the efficiency and responsiveness of the process, a system for pre-submittal meetings has been initiated. In attendance are the staff members responsible for review of the site plans (civil drawings) from the appropriate agencies within the city. (SEE attachments H & I) At this time architects, developers, contractors, engineers and/or owners are afforded the opportunity to meet with the reviewers regarding their projects, prior to formally submitting their plans for review.

At this meeting the applicant is asked to make a brief presentation of their project and then the staff reviewers comment and state site specific requirements to be addressed for the project within the scope of their individual responsibilities. In attendance at the pre-submittal meetings are reviewers from Storm Water, Engineering, Traffic Engineering, Waste Resources, and Building Inspection. A site survey worksheet (Attachment A) is given to the applicant in advance, to assist in providing the review staff the information necessary to make the pre-submittal meeting as productive as possible. The applicant is encouraged to ask questions and to contact any member of the review staff for additional assistance. Also, they may schedule another pre-submittal meeting as the project evolves to assure that all requirements for submittal of a complete set of plans have been met.

### **Plans Submittal Requirements**

1. Plans are to be submitted to East Ridge Building Inspection at 1517 Tombras Avenue, between 8:00 AM and 4:00 PM (Eastern Standard Time), Monday through Friday.
2. Full plan sets include all building plans (architectural, structural, mechanical, gas, electrical, plumbing) and site plans (civil drawings). SITE PLANS MUST PROVIDE ALL REQUIRED INFORMATION TO BE ELIGIBLE FOR REVIEW. Plans must be clear and legible and drawn to scale. They must also be signed and sealed, as required by state law. Failure to submit a full set of plans will delay the review process. See Attachment B for contact information.
3. Three full sets and three civil sets of plans are required for review
4. Site plans require specific information as prescribed in Attachment C. Attachment C must be filled out, signed by the person that prepared the plan, and submitted with the plans. Site plans will be submitted on size "D" (24 x 36) bond paper.

5. Additionally, a completed Construction Activity Permit, (Attachment D), a completed Building Permit with a check for plans review (Attachment D-1), and a completed Plans Review Contact Form (Attachment E) are required for submittal.
6. Additionally, a completed Construction Activity Permit (see Attachment D for example) and a completed Plans Review Contact Form (Attachment E) are required for submittal.
7. Sprinkler plans and fire alarm drawings must be submitted to the East Ridge Building Department at 1517 Tombras Ave. and the State of Tennessee Fire Marshall's office when required.
8. Complete sign plans must be submitted directly to the Chief Building Official of East Ridge at 1517 Tombras Avenue, East Ridge TN 37412 for review.
9. If all required information is provided which meets City standards and policy, the objective is to complete the review process from log-in to issuance of the Construction Activity Permit within ten working days. Pending State of Tennessee Fire Marshall's review of Construction Documents, and TDEC's NPDES permits application, etc...
10. See Attachment F for plans review routing.

### **Plans Review Process**

If during the review, a reviewer has a need for further information to complete or approve a set of plans, the reviewer will use the Plans Review Contact Form (Attachment E) to notify all parties concerned of the need for additional information. Prompt response to the request for additional information will assist in the completion of the review process in a timely manner.

To prevent a backlog of plans whose review has extended beyond the expected review period, the Plans Review Contact Form will be used to contact all concerned parties that the review process has been suspended and that the plans, as submitted, may be retrieved at the plans review office. A written notice to this effect will be sent to all parties concerned. (see Attachment J)

If, after 10 working days, the plans are not retrieved, it will be assumed that the plans, as submitted, have no value to the parties involved and the plans will be discarded.

# ATTACHMENT "A"

## Site Survey Worksheet

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Your ability to provide the following information at the Pre-submittal Meeting will substantially increase the productivity of the meeting.

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1. **Location of Project**
  - a. Street Address # \_\_\_\_\_ Street Name \_\_\_\_\_
  - b. Nearest Cross Streets \_\_\_\_\_, \_\_\_\_\_
  - c. Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. **Zoning for property involved and for adjacent properties.**
  - a. \_\_\_\_\_ Property
  - b. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Adjacent Properties
3. **Are there "special zoning requirements, design criteria, or conditions" on the property?**
  - a. If yes; what are they; \_\_\_\_\_ (attach a copy of zoning case, design criteria, or Board of Appeals case)
4. **Locations of Utilities (On property or on adjacent streets)**
  - a. Sewer
    - i. City Mains
    - ii. Service Tees, Wyes, stubs
    - iii. Manholes
  - b. Power
  - c. Water
    - i. Lines
    - ii. Fire service and hydrants
  - d. Catch Basins
  - e. Gas
5. **Location of Utility Easements (Sewer, Gas, Water, Power Lines)**
  - a. Do they exist? \_\_\_\_ Yes \_\_\_\_ No
  - b. Location on Property
6. **Drainage Easements**
  - a. Do they exist? \_\_\_\_ Yes \_\_\_\_ No
  - b. Location on Property
7. **Location of Overhead Power Lines. (high voltage, telephone, cable)**
  - a. Do they exist? \_\_\_\_ Yes \_\_\_\_ No
  - b. Type \_\_\_\_\_
  - c. Location on or adjacent to property
    - i. On Street: \_\_\_\_\_
    - ii. Across Property \_\_\_\_ Yes, \_\_\_\_ No
8. **Publicly owned Trees adjacent to Project**
  - a. Existence \_\_\_\_ Yes \_\_\_\_ No
  - b. Location in reference to property. \_\_\_\_\_
9. **Show Existing Parking & Driveways**
10. **What is the square footage of:**
  - a. Existing Building/s \_\_\_\_\_
  - b. Expansion / New Building/s \_\_\_\_\_
  - c. Warehouse / Storage space \_\_\_\_\_
  - d. Retail Space \_\_\_\_\_

**ATTACHMENT "B"**  
**CITY/COUNTY DEPARTMENT PHONE NUMBERS**

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Building and Fire Inspection (Plans Review) 1517 Tombras Avenue East Ridge, TN 37412	423-867-7711
East Ridge Fire Department 4214 Ringgold Road East Ridge, TN 37412	423-867-7100
Hamilton County Health Department 921 East 3 <sup>rd</sup> Street Chattanooga, TN 37402	423-209-8110
Environmental Health (Groundwater/Flood) 1250 Market Street, Suite 1030 Chattanooga, TN 37402	423-209-7782
Regional Planning Commission (Zoning) 1250 Market Street, Suite 2000 Chattanooga, TN 37402	423-668-2287
Hamilton County WWTAA 1250 Market Street Chattanooga, TN 37402	423-209-7842
Hamilton County Water Quality 1250 Market Street Chattanooga, TN 37402	423-209-7853
Traffic Engineering – Mike Ailey 1517 Tombras Avenue East Ridge, TN 37412	423-892-3169
Air Pollution Control Board 6125 Preservation Drive Chattanooga, TN 37416	423-643-5970
Planning & Design Studio 1250 Market Street, Suite 3010 Chattanooga, TN 37402	423-668-2262

## ATTACHMENT "B" continued

UTILITIES	PHONE NUMBERS
Electric EPB 10 West M L King Blvd. Chattanooga, TN 37411	423-648-1372
Gas Atlanta Gas/Light Company	1-800-427-5463
Telephone EPB AT&T	423-648-1372 1-800-288-2020
Water Tennessee American Water Company New Development of Construction Hixson Utility Eastside Utility	423-757-7527
Cable/Internet Comcast Cable EPB	423-855-4300 423-648-1372

# ATTACHMENT "C"

## Storm Water & Erosion Control Checklist

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Provide Note "Disturbed Acreage= \_\_\_\_\_."

Provide NOI, NOC, or NPDES permit if Disturbed Acreage is  $\geq 1.0$  acre.

Provide Notes "Preconstruction Impervious Acreage = \_\_\_\_\_,"  
"Postconstruction Impervious Acreage = \_\_\_\_\_."

If construction results in an increase in impervious acreage, provide a Hydrology Report from a TN P.E. (2 copies).  
The Hydrology reports should provide information as follows;

1. Model the 2,5,10,25, and 100-year storm events Pre and Post development.
2. If a runoff increase is calculated  $\geq 0.1$  CFS for the 2 through 25 yr. Storm events, then provide detention.
3. Size pond to detain the 25 yr. Storm event
4. Provide stage release for the 2 through 25 year storm events.
5. Provide summary table on Page One clearly stating all assumptions and design conclusions.
6. Demonstrate and provide certification that pond outfall structure or piping operates under inlet control for the 2 through 25 yr. Storm event if inlet control is assumed.

Capture and filter the first flush (first  $\frac{3}{4}$  inch site rainfall).

Label all site storm water outfalls and provide energy dissipation (rip-rap, etc.)

Provide oil skimmers before storm flow reaches the pond or public storm sewer if drainage is from paved parking.

Provide Note "Number of Oil Skimmers = \_\_\_\_\_."

Provide Pond dimensions and volume. An inventory of constructed drainage and Engineers Certification will be required prior to the release of the Certificate of Occupancy.

Provide a detail drawing of the staged release outlet structure

Show pond outfall structures and pipes with pipe sizes and materials.

Provide a paved emergency spillway for pond.

Provide Note "Owners Representative for Erosion Control Maintenance Name and Phone #."

Provide Note "Site erosion controls shall be checked and if necessary, repaired weekly and within 24 hours after each rainfall  $\geq \frac{1}{2}$ ". In the event of continuous rainfall, erosion controls shall be checked daily.

Provide and label a concrete truck wash out area

Provide Note "All areas to remain bare greater than 15 days must be stabilized."

Provide 100 year flood elevation for pre and post development Grading, Site and Erosion Control Plan.

Provide Note "Project is above the 100 year flood elevation as determined by FEMA flood map  
\_\_\_\_\_ Dated February 3<sup>rd</sup>, 2016". If a 100-yr flood elevation has not been established, then  
please state. Note: This may be placed on Grading and Site Plan.

Please show existing floodways as shaded area. Note: This may be placed on the grading plan.

Provide a construction activity permit (complete with the signature of owner or general contractor) with plans submittal.

Provide a completed, signed and stamped Storm Water Calculation Summary Sheet with plans submittal.

# STORMWATER CALCULATION SUMMARY SHEET



PROJECT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HYDROLOGIC METHOD USED :** ☐ Rational  
☐ Modified Rational (Check One)  
☐ SCS

**TOTAL AREA (Acreage)** \_\_\_\_\_

## PRE-CONSTRUCTION CONDITIONS

Pervious Area, Ac \_\_\_\_\_ C or CN Factor \_\_\_\_\_  
Impervious Area, Ac \_\_\_\_\_ C or CN Factor \_\_\_\_\_  
Time of Concentration \_\_\_\_\_ Method for Tc \_\_\_\_\_

## POST-CONSTRUCTION CONDITIONS

Pervious Area, Ac \_\_\_\_\_ C or CN Factor \_\_\_\_\_  
Impervious Area, Ac \_\_\_\_\_ C or CN Factor \_\_\_\_\_  
Time of Concentration \_\_\_\_\_ Method for Tc \_\_\_\_\_

## RUNOFF RESULTS

Storm Event	Pre-Development Peak Flowrate, cfs	Post-Development Peak Flowrate, cfs	Routed (detention) Flowrate, cfs
2 year			
5 year			
10 year			
25 year			
100 year			

**DETENTION VOLUME REQUIRED, cubic feet** \_\_\_\_\_

**MULTI-STAGE OUTLET REQUIRED** ☐ Yes ☐ No (check)

**FIRST FLUSH VOLUME, cubic feet** \_\_\_\_\_

**WATER QUALITY TREATMENT METHOD** \_\_\_\_\_

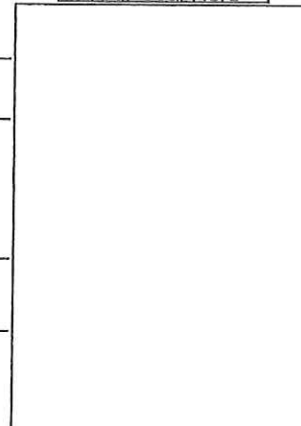
## PROFESSIONAL ENGINEER CERTIFICATION

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TN PE LICENSE \_\_\_\_\_

Your Seal Here





## ATTACHMENT "C" Continued

### NEW CONSTRUCTION OR ADDITION x = required

Three (3) Full sets of plans attached	_____	x
Three (3) Separate Civil Sets	_____	x
Completed Building Permit with Plans Review Fee	_____	x
Completed Construction Activity Permit	_____	x
Completed Plans Review Contact Form with Complete Address & Fax Number	_____	x

### COMPLETE SITE PLAN DRAWN TO SCALE (1:40, 1:30 or 1:20)

1. Title of Project w/Address & Parcel Number	_____	x
2. Date of Preparation and All Revisions	_____	x
3. Legend on each page	_____	x
4. Graphic scale (not less than 1" = 40')	_____	x
5. Location map (Recorded Plat or Boundary Survey Stamped and Signed by Licensed Surveyor).	_____	
6. Site Plan with adjacent property shown, Buildings Correctly located and labeled and compass orientation of the parcel shown.	_____	x
7. Zoning of property and surrounding properties	_____	x
8. Bldg location with dimensions, sq ft. F.F.E. and lot dimensions	_____	x
9. Dimensions from bldgs to property lines & easements.	_____	x
10. Location of all easements and utilities, public & private w/dimensions	_____	x
11. Show flood elevations (100-yr flood) and floodways.	_____	if appl.
12. Show walks, truck loading areas and driveways.	_____	x
13. Corrective plat.	_____	If appl.
14. Curb, gutter, sidewalk plan	_____	if appl.
15. Parking layout with entrances, exits and parking ratios	_____	x
16. Building Code Synopsis on first page	_____	x
17. Location and case number of all granted variances	_____	if appl.
18. Dumpster Area with Enclosure Details	_____	if appl.
19. Parking Plan showing required spaces; label Handicap, Regular and Van	_____	x
20. Construction entrances and exits	_____	x
21. Concrete wash-out area	_____	x
22. Street names	_____	x
23. Property relationships to streets and all rights-of-way	_____	x

### STORM WATER

1. Storm water plan / erosion control / grading plan w/City notes	_____	if appl.
2. Hydrology Report (increase of imperviousness) x 2	_____	if appl.
3. Notice of Intent (NOI) {1 + acre}. NOC required before permit will be issued.	_____	if appl.
4. Detention/Retention pond or wetland volume and dimensions	_____	if appl.
5. Existing and planned topographic survey	_____	if appl.
6. Existing and proposed contours (5' intervals or less)	_____	if appl.
7. Site drainage	_____	if appl.
8. New & existing storm drain structures & detention facilities & tie-in City system	_____	if appl.
9. Plan & profile view for all City sewers to be constructed or modified w/all dimensions & utility relationships (including cuts and fills)	_____	if appl.

### FLOOR PLAN

1. Interior partition(s) with dimensions		
a. Label all rooms and spaces as to use	_____	x
b. Label all rated walls & partitions – Ext. & Int.	_____	x
2. Show all openings in int. & ext. walls	_____	x
3. Show openings in floor/ceiling assemblies with dimensions	_____	x
4. Door, Window, finish schedule	_____	x
5. Show plan view of footing layout	_____	x
6. Show sectional of footings	_____	x

### ROOF DETAILS

1. Roof Plan	_____	x
2. Roof Framing Plan	_____	x

### ELEVATION DRAWINGS

1. Complete elevation drawings	_____	x
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## ATTACHMENT "C" Continued

### SECTIONAL DRAWINGS

- |                                   |       |          |
|-----------------------------------|-------|----------|
| 1. Vertical Wall Section Exterior | _____ | x        |
| 2. Vertical Wall Section Interior | _____ | x        |
| 3. Sill section                   | _____ | x        |
| 4. Beam details                   | _____ | x        |
| 5. Cornice section                | _____ | x        |
| 6. Stairway section               | _____ | if appl. |

### MEPs

- |  |       |          |
|--|-------|----------|
| 1. Electrical drawings include riser diagram                 | _____ | if appl. |
| 2. Mechanical Drawings include vents                         | _____ | if appl. |
| 3. Plumbing include riser diagram and/or gas piping drawings | _____ | if appl. |

### HANDICAP DETAIL FOR COMMERCIALLY USED MOVED BLDGS

- |                                   |       |   |
|-----------------------------------|-------|---|
| 1. Plan view dimension restrooms  | _____ | x |
| 2. Show required turning radius   | _____ | x |
| 3. Elevation view with dimensions | _____ | x |

#### NOTES:

1. Check all boxes that apply.
2. All applicable items must be checked prior to submittal.
3. X = A plan required item
4. The Civil set of plans shall consist of Separate 24" x 36" (D size) sheets for each plan above.
5. Failure to submit plans in the required format will result in non-review by the city and will delay permitting.

I hereby certify that the above information is present and accurately represented on the plans submitted to the City of East Ridge on this day \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_



**City of East Ridge**  
**Division of Building/Codes**

1517 Tombras Avenue, East Ridge, Tennessee 37412  
Office: (423) 867-7711 Fax: (423) 867-7340

Kenny Custer  
Chief Building and Fire  
Code Official  
[kcuster@eastridgetn.gov](mailto:kcuster@eastridgetn.gov)

**BUILDING PERMIT APPLICATION**

**NOTICE:** Separate permits are required for electrical, plumbing, heating, ventilating, and/or air conditioning work. Permits become null and void if work or construction authorized does not commence within six (6) months, or if construction is abandoned for a period of six (6) months at any time after work is commenced.

**\*\*IT IS THE RESPONSIBILITY OF ALL APPLICANTS TO OBTAIN INFORMATION FROM THE AIR POLLUTION CONTROL BUREAU AS TO WHETHER A PERMIT IS REQUIRED FOR EACH PROJECT.\*\***

Applicant Name/ Organization \_\_\_\_\_

**Property Information:**

Property Address: \_\_\_\_\_

Owner Name/ Address/ Phone \_\_\_\_\_

Existing Structures \_\_\_\_\_

Zoning \_\_\_\_\_ Flood Zone \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

**Project Information:**

Contractor Name & Address: \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Architect/Engineer Name & Phone No. \_\_\_\_\_

New Construction ☐ Addition to Existing Structure ☐ Repair/Remodel ☐  
Move ☐ Demolish ☐

Briefly Describe Project \_\_\_\_\_

Construction Value \$ \_\_\_\_\_ Plans/Drawings Submitted ☐

**To Be Completed by Building Inspector or Permit Clerk**

Type of Construction	No. of Units	Max. Occ. Load	Sewer/Septic
Size of Building	Use Zone	Fire Sprinklers Y/N	Other
Fire Zone	Division	No. Dwelling Units	

I hereby certify that I have read and examined this application and know the same to be true and correct all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_



## TO ALL CONTRACTORS AND HOMEOWNERS



**Division of Building Inspections & Codes Enforcement**  
**Chief Building and Fire Code Official: Kenny Custer**

Phone Number: (423) 867-7711

### Office Hours:

Monday – Friday 8:00 a.m. – 5:00 p.m.  
(after hours, you may leave a message on the answering machine.)

### CODES & EDITIONS:

International Building Code	-2012
International Plumbing Code	-2012
International Mechanical Code	-2012
International Fuel Gas Code	-2012
International Fire Code	-2012
Inter. Property Maintenance Code	-2012
National Electric Code	-2011
International Energy Conservation Code	-2009
ICC A117.1 Handicap Code	-2009
Life Safety Code	-2012

### INSPECTIONS

**All inspections must be called into this office one day in advance before 3:00 p.m. All permits must be Obtained prior to inspections.**

Homeowners requesting to install wiring, plumbing, mechanical, or gas piping must contact this office for Instructions.

To insure your inspection will be done as requested:  
Please have the following information to give the attendant.

- 1) **TYPE OF INSPECTION NEEDED**  
specify type (framing, electrical, plumbing, gas, mechanical) and phase (rough-in, final, etc.)
- 2) **ADDRESS OR SUBDIVISION AND LOT NUMBER**
- 3) **NAME BUILDING PERMIT IS RECORDED UNDER**
- 4) **YOUR NAME OR COMPANY NAME**

### BUILDING INSPECTIONS

- ☐ **FOOTING** – when it is dug, before concrete is poured. (rebar must be two continuous ½” steel rods minimum, Metal grade pins & bulk heads must be in place or a soil bearing test will be required.)
- ☐ **BASEMENT SLAB** – before concrete is poured.
- ☐ **ROUGH IN ON FRAMING** – before any insulation or sheetrock is installed.
- ☐ **FINAL ON STRUCTURE** – when all structural items have been completed.
- ☐ **COMBINED** – a rough-in and final inspection can be done at the same time providing that no part of the structure has been concealed, covered, or enclosed in a manner that will interfere with a thorough inspection.

### PLUMBING INSPECTIONS

- ☐ **PLUMBING IN SLAB** – before gravel or concrete is poured.
- ☐ **ROUGH IN ON PLUMBING** – with a water test, before insulation or sheetrock.
- ☐ **FINAL** – when all fixtures have been set.
- ☐ **COMBINED** – a rough-in and final inspection can be done at the same time providing that no part of the plumbing has been concealed, covered, or enclosed in a manner that will interfere with a thorough inspection.

### ELECTRICAL INSPECTIONS

- ☐ **TEMPORARY POLE** – (when applicable.)
- ☐ **ELECTRICAL MISCELLANEOUS** – slab, conduit, ceiling, septic pump, heat pump, service and/or panel change.
- ☐ **ROUGH IN ON ELECTRICAL WIRING** – before insulation and sheetrock have been installed.
- ☐ **FINAL ON ELECTRICAL** – when all fixtures and receptacles have been set, panel and service are completed.
- ☐ **COMBINED** – a rough-in and final inspection can be done at the same time providing that no part of the electrical wiring has been concealed, covered, or enclosed in a manner that will interfere with a thorough inspection.

### GAS PIPING AND VENTING INSPECTIONS

- ☐ **ROUGH IN ON GAS** – before insulation and sheetrock have been installed. Pressure test is required and must hold 10 lbs. for 15 minutes.
- ☐ **FINAL ON GAS** – when all appliances have been installed.

### MECHANICAL INSPECTIONS

- ☐ **ROUGH IN** – before sheetrock is installed. The roof, framing, draftstopping, fireblocking and bracing are in place, all ducting, venting, piping and other concealed components are complete.
- ☐ **FINAL** – when all items authorized by the permit have been installed and all portions which are to be covered or concealed are so concealed.

**NOTE: BEFORE A STICKER FOR ELECTRICAL SERVICE WILL BE ISSUED, ALL FINALS MUST BE COMPLETED AND APPROVED.**

## ATTACHMENT "E"

### Plans review contact form

Used by reviewers during plans review process to gain further information or to notify all parties concerned of permit issuance OR suspension of review.

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**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**PROPERTY OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

---

**ARCHITECT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

---

**ENGINEER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**CONTRACTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

## ATTACHMENT "F"

### PLANS REVIEW ROUTING

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PLANS SUBMITTAL REQUIREMENTS  
(Pre-Submittal Meeting)



PLANS SUBMITTED AND LOGGED IN



TECHNICAL SITE REVIEW  
(See Attachment G)



SITE REVIEW (Civil Drawings)  
(See Attachment H)

- Engineering
- Traffic engineering
- Sanitary/Combined Sewer
- Storm Water Management



CONSTRUCTION ACTIVITY PERMIT MAY BE ISSUED AT THIS TIME



BUILDING REVIEW  
(See Attachment I)

- Architectural
- Structural
- Fire/Life Safety
- Mechanical
  - Gas
  - Electrical
  - Plumbing

PLANS APPROVED



BUILDING PERMIT ISSUED



CONSTRUCTION & INSPECTION



CERTIFICATE OF OCCUPANCY

**APPENDIX F  
COVER SHEET FOR PLANS SUBMISSIONS**

**PROJECT NAME:**

**PROJECT ADDRESS:**

**PROJECT DESCRIPTION (Scope of Work):**

**FIRE DISTRICT:**

**PROJECT CONTACT PERSON:** (Registered Architect or Professional Engineer in Responsible Charge)

\*\*\*\*\*

**ARCHITECTS/ENGINEERS/LANDSCAPE ARCHITECTS:** List all names and pertinent information for each registrant (architect, engineers, and landscape architect) involved in the project. Include each engineering discipline represented in the project (civil, electrical, mechanical, plumbing, structural).

Name:

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Phone (including area code):

\_\_\_\_\_ (ofc.)

\_\_\_\_\_ (fax)

E-Mail Address (if applicable)

\_\_\_\_\_

Tennessee License Number:

\_\_\_\_\_

Design Codes/Edition

IBC \_\_\_\_\_ NFPA \_\_\_\_\_

Handicapped Code Edition Used

NCHC \_\_\_\_\_ CABO/ANSI \_\_\_\_\_

Type of Construction

IBC \_\_\_\_\_ NFPA \_\_\_\_\_

Occupancy Group(s)

IBC \_\_\_\_\_ NFPA \_\_\_\_\_

Number of Stories (excluding basement unless educational or assembly occupancy) \_\_\_\_\_

Height of Building from Average Grade \_\_\_\_\_

Building Area

Per Story \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Occupant Load Per Floor

IBC \_\_\_\_\_ NFPA \_\_\_\_\_

Required Exit Width Per Floor

IBC \_\_\_\_\_ NFPA \_\_\_\_\_

Number of Parking Spaces

Required \_\_\_\_\_ Proposed \_\_\_\_\_ Handicapped \_\_\_\_\_ Van \_\_\_\_\_

Fire Protection hourly ratings for all structural components and separation of hazards components required by the applicable building code.

\_\_\_\_\_ Edition of the IBC

\_\_\_\_\_ Columns

\_\_\_\_\_ Beams

\_\_\_\_\_ Walls

\_\_\_\_\_ Floor/Ceiling

\_\_\_\_\_ Roof/Ceiling

\_\_\_\_\_ Roof Covering

\_\_\_\_\_ Corridors

\_\_\_\_\_ Shaft/Enclosures

\_\_\_\_\_ Stair Enclosure

\_\_\_\_\_ Tenant Separations \_\_\_\_\_ Occupancy Separations

Sprinkler System Type \_\_\_\_\_ Standpipe System \_\_\_\_\_

## APPENDIX F Continued

Fire/Smoke Alarm System:

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Abbreviations Used and  
Meaning: \_\_\_\_\_

### WATER SUPPLY DATA (FROM NEAREST HYDRANT TO SITE)

Provide the following flow test data on the plans for hydrant(s) used to meet the 500 feet for less hose lay requirement in accordance with the local authority having jurisdiction. [State Fire Marshal's Office Policy based on NFPA 24 4.2.1 ]. Show flow test data next to the hydrant tested. Flow test must have been conducted within the last six months from start of design process.

- a. Static pressure \_\_\_\_\_ psi  
Residual pressure \_\_\_\_\_ psi (20 psi minimum)  
Flow \_\_\_\_\_ gpm (500 gpm minimum)

Tennessee Department of Environment and Conservation Rules and Regulations 1200-5-1-17 paragraph 18.

- b. Party responsible for taking test (name and address).

\_\_\_\_\_  
\_\_\_\_\_

- c. Date test taken: \_\_\_\_\_ Time test  
taken: \_\_\_\_\_ am/pm

- d. Elevation of test  
hydrant: \_\_\_\_\_

### General Notes:

- Identify use of rooms and spaces.
- Show area increase calculations per IBC
- Show wall ratings on structural, mechanical, plumbing, electrical, and fire protection drawings.
- Provide design live load values on plans for wind, snow, roof, floor, stairs, guard and hand railings, seismic IBC.
- Identify any exceptions/appeals/equivalencies and authority granting approval.

**Note:** This plans cover sheet was developed during discussions with the State Fire Marshal's Office and local Codes Enforcement Officials and should be used as a guideline when submitting plans to he designated reviewing authority.



## **ATTACHMENT “G” SITE REVIEW**

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Plans are checked for the following site requirements:

- Location Map
- Street Name and Address
- Copy of Current Tax Map
- Name & Address of Owner/Developer
- Engineer/Preparer & Contact w/Phone Number
- Title of Project w/Address & Parcel Number
- Date of Preparation and all Revisions
- Legend
- Graphic Scale (Not less than 1” = 40’)
- Labeled Buildings Correctly Located
- Compass Orientation of Lot
- Property Zoning
- Zoning of Adjoining Properties
- Building Dimensions w/sq. ft.
- Boundary Lines w/Lot Dimensions
- Location & Size of all Utilities including Storm and Sanitary Sewers
- Property Relationships to Streets and All Rights-of-Way
- 100 Year Flood Elevation
- Location & Size of all Easements
- Setback Dimensions

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

• **ENGINEERING** 423-867-7711

Reviews plans for requirements regarding streets, curbs, gutters, sidewalks and subdivisions and re-platting of properties.

• **TRAFFIC ENGINEERING** 423- 892-4837  
423-867-7711

Reviews plans for impacts to local traffic, access to the site, capacity required for parking lots, and requirements for handicap parking in compliance with city codes and zoning ordinances.

- **SANITARY/COMBINED SEWER 423-209-7842**

Reviews plans for impact on and use of the city's sewer system.

• **STORM WATER MANAGEMENT 423-867-7711**

• **HAMILTON COUNTY WATER QUALITY 423-209-7853**

Reviews plans for compliance with storm water ordinance and for compliance with erosion control measures.

## **ATTACHMENT “I”**

### **Building Review**

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Contact: 423-867-7711

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**Plan requirements are available in the Building Inspection Department  
1517 Tombras Avenue**

**The Code Synopsis shall be in compliance with Appendix F of the Tennessee  
Architectural and Engineering Handbook (at back of this booklet).**

- **ARCHITECTURAL**

Review to insure compliance with International Building Code, Accessibility Code (physically disabled), and ICC Energy Code. Please include Life Safety Plan.

- **STRUCTURAL**

Review to insure compliance with structural load requirements per occupancy, snow, wind, and seismic loading.

- **FIRE/LIFE SAFETY**

Review to insure compliance with Life Safety Code, and International Fire Code.

- **MECHANICAL**

Review to insure compliance with International Mechanical Code.

- **ELECTRICAL**

Review for compliance with the National Electrical Code.

- **PLUMBING**

Review for compliance with the International Plumbing Code.

- **SIGN**

Review for compliance with local sign ordinance.

**ATTACHMENT "J"**  
**NOTICE OF PLANS REVIEW SUSPENSION**

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**Letter of Notification**

Date: \_\_\_\_\_

**BY CERTIFIED MAIL**

Return Receipt # \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: The Plans Review Committee

Re: Site Development Plan for: \_\_\_\_\_; Tax Map Number \_\_\_\_\_

We have reviewed the plan submitted and the following deficiencies require your action:

Incomplete or missing Sanitary Sewer Plan. 423-209-7842  
Comment:

Incomplete or missing Storm Water Plan. 423-867-7711  
Comment: 423-209-7853

Incomplete or missing Parking Plan. 423-867-7711  
Comment:

Incomplete or missing Street Improvement Plan. 423-892-4837  
Comment:

Incomplete or missing Building Plan. 423-867-7711  
Comment:

You were last contacted on \_\_\_\_\_ by \_\_\_\_\_ requesting attachments or revised plans reflecting the deficiencies noted above. To date we have not received the requested attachments or plans. You must submit the plans within ten (10) days of receipt of this letter to retain your plans in the active review process

If the project has been indefinitely delayed or canceled, please notify our office at 423-867-7711 with the details and the plan will be removed from the review system.

Please note that a pre-submittal review opportunity is available to anyone interested. We offer this service with the goal of speeding the plans review/permitting process. We look forward to assisting you with the completion of your project.

Sincerely,

The Plans Review Committee